



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9916

SERIAL NUMBER 10/724,121	FILING OR 371(c) DATE 12/01/2003 RULE <i>MH 7/19/07</i>	CLASS 606	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 00167-432002
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS

Dennis Colleran, North Attleborough, MA;
 Stefan Gabriel, Mattapoisett, MA;

MH 7/19/07

** CONTINUING DATA *****

This application is a CON of 09/986,376 11/08/2001 PAT 6,656,183

MH 7/19/07

** FOREIGN APPLICATIONS *****

na

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 03/01/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<i>MH</i> STATE OR COUNTRY MA	<i>MH</i> SHEETS DRAWING 12	<i>MM</i> TOTAL CLAIMS 1	<i>MH</i> INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

JOEL R. PETROW
 Smith & Nephew, Inc.
 1450 Brooks Road
 Memphis, TN38116

TITLE

Tissue repair system

FILING FEE RECEIVED 1370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---